

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.		40055-0001
		First Named Inventor		Rob Falke
		COMPLETE IF KNOWN		
		Application No.		Unassigned
		Filing Date		August 5, 2003
		Group Art Unit		Unassigned
		Examiner Name		Unassigned

☒ Declaration submitted with or initial filing
 ☐ Declaration submitted after initial filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

“METHOD AND APPARATUS FOR STORING AND PRESERVING WRITINGS AND MEMORANDA”
(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

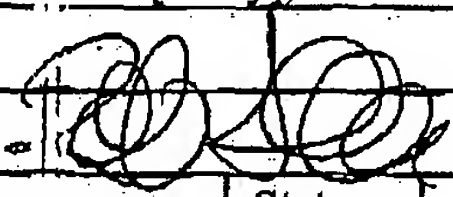
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility Or Design Patent Application							
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>							
U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto							
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> All practitioners associated with Customer Number: or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;">20,480</div> </div>							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) name(s) on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number		20,480	or <input type="checkbox"/> Correspondence Address below				
or Bar Code Label							
Attorney							
Firm Name							
Address							
City, State, Zip							
Country	Telephone		Fax				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
Name of First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Rob				Falke			
Inventor's Signature						Dated 7/31/03	
Residence: City	Avon Lake	State	OH	Country	USA	Citizenship	USA
Post Office Address		32574 Schooner Court					
City	Avon Lake	State	OH	Zip	44012	Country	USA